Next steps – Building on and using research in training and practice

Book Section

Chapter 18

Next steps – building on and using research in training and practice

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Introduction

The aim of this final chapter of this book is twofold. We will look back at the journey so far and draw together the different strands and topics from the book. We will also look ahead and support you to establish your own unique relationship with research and motivate you to continue your research journey in future. We have peppered the chapter with activities and pauses for reflection and we hope that you will take up their invitation as doing so will help you to engage with the material, and foster your self-identification as a researcher.

To start with, given that this is the final chapter of the book, it makes sense to revisit the starting point - reasons for being engaged with research, a topic introduced in Chapter 1 (see Activity 1.1 and section on 'Reasons to engaged with research'). It seems important to reiterate these reasons as the level of research engagement among counsellors and psychotherapists is still low (see discussion on the 'research-practice' gap in Chapter 2 and McDonnell, Stratton, Butler & Cape, 2012), which is worrying given the tremendous importance of research in counselling and psychotherapy for the discipline as a whole (see Chapter 1).

Reasons to engage with research – revisited

[START BOX]

Pause for reflection

Look back at Activity 1.1 and the list you made with reasons why it is important for trainees and practitioners to either be informed about research, or doing research themselves. Now that you have read the book, which of these reasons do you think are most important for

you personally to become more actively involved in research in counselling and psychotherapy?
[END BOX]

In setting the scene at the beginning of the book (Chapter 1), we presented you with arguments why research matters for the profession, and why trainees and practitioners should become actively involved in research in counselling and psychotherapy. These arguments were clustered in three thematic groups – moral, financial and professional. Let's have a second look at these and related arguments, this time grouped into reasons to be research *active*, and reasons to be research *aware*.

Reasons to be research active

This book is aimed at supporting and encouraging trainees of counselling and psychotherapy as well as established practitioners who have not yet engaged in research to undertake their own research, and as we have seen, there are moral, financial and professional reasons to be research active. Doing research is:

- Critical for survival (worst case) and expansion (best case) of the profession – as discussed in Chapter 1 (financial argument), there is no question that funding of counselling and psychotherapy services is in part tied to the availability of research evidence for their effectiveness.

- Critical to ensure continuing availability of a wide range of approaches to treatment. A wide range of treatments is important as research suggests that clients do better in therapy when they have some choice about the treatment approach (Swift, Callahan, Ivanovic & Kominiak, 2013) and that different clients benefit from different types of treatment (Cooper, 2008). However, many forms of practice without a clear research base are at funding risk. An example of this comes from the British Association of Counselling and Psychotherapy, the biggest national professional body for counsellors. The BACP clearly state on their website (http://www.bacpresearchfoundation.org.uk/members_information.php) that concern over the side-lining of counselling as a treatment for depression led them to

commission their own research. What caused them most concern? NICE guidelines that anyone recommending counselling for those with persistent sub-threshold depression symptoms or mild to moderate depression must: "Discuss with the person the uncertainty of the effectiveness of counselling…in treating depression" (NICE, CG90, 2009, p23). However just because empirical evidence does not exist *yet*, does not mean the therapy is not effective.

- Critical for practitioners since, as we have seen in Chapter 1 (professional argument), research provides us with a means by which we can each improve our own practice. This means research activity can contribute to both career development and the development of practitioner competencies – and a better practice is of course also beneficial for clients. Research is also critical for employment prospects for practitioners, impacting the number of jobs as well as the type of jobs (e.g. jobs offered only in favoured approaches to therapy).

- Critical for funders – politicians and commissioners of counselling and psychotherapy services, those whose job it is to advise where resources are directed, need knowledge produced by research in order to make the most effective funding and policy decisions, most especially at times when funding is tight.

Slightly less obviously, or at least to some more contentiously, research has also a crucial role in the development of counselling and psychotherapy. We do not yet know enough about how psychotherapy works and the conditions in which it is of most value to clients (Cooper, 2008). In addition, research enables core theoretical concepts to be carefully evaluated. For example, there is substantial empirical evidence for the psychodynamic idea of transference (e.g. see Hayes, Gelso & Hummel, 2011) on research evidence for the importance of managing counter-transference reactions, but little for Freud's ideas of psychosexual stages.

Reasons to be research aware

For all the reasons mentioned above we believe that counsellors and psychotherapists in general need to be doing (more) research. Yet this is not enough in itself. In addition to

being research *active*, this book is arguing that practitioners in general also need to become more research *aware*. This is because the most active researcher is likely to be only engaged in doing research in a few areas and yet as a practitioner they may encounter a great range of presenting problems or types of clients. This means that a narrow but in-depth research understanding in a particular area should be complemented by a broader research awareness.

However, and as outlined in chapter 2, practitioners often prefer to rely on their own experience, and on supervision and consultation with others, rarely in surveys citing research as a source of practice information. As Castonguey et al. (2010) state, it can be assumed that 'the practice of many full time psychotherapists is rarely or non-substantially influenced by research' (p.346). This lack of research awareness in the profession is problematic because it prevents practitioners from learning from systematic investigation by others, because it cuts practitioners off from potentially useful guidance about how best to work with particular presenting issues or clients, and because it allows therapists to continue doing as they have always done without considering if this is the best way to work. Becoming research aware is also important if a practitioner is to understand how to make arguments e.g. within their service, or at a national level, for thoughtful consideration of the research base in counselling and psychotherapy. Finally, we also believe that a commitment to developing research awareness is an ethical issue. Core BACP ethical principles such as *Beneficience* (a commitment to the client's well-being) demand not ignoring a rigorous and peer-reviewed source of information on best practice (see Chapter 8 and Bond, 2010).

[START BOX]

Pause for reflection

You might have started reading this book feeling quite dubious about research in counselling and psychotherapy. You might have been reading this book mostly looking for support in doing a course-mandated piece of research. But here we are arguing that research engagement is a moral, ethical and professional issue for counsellors and psychotherapists. What do you think? Are you convinced by the arguments of this and other chapters?

Comment

All of the authors of chapters in this book personally value research in counselling and psychotherapy. As such the book is a bit of a manifesto to encourage you to get reading and doing research. But we also recognise that each practitioner will have their own values and preferences – about practice of course but also about the importance they place on research. We want to encourage you to be a critical reader (see Chapter 4) of this book and identify your own views, not only about research in the field in general but also about the types of research you most enjoy and value.
[END BOX]

Evidence-based practice and Practice-based evidence – plea for a better balance

This book argues for the value of research in counselling and psychotherapy, and in this chapter we also argue more specifically for the value of a particular type of research, Practice-based evidence (PBE). Chapter 1 summarized the Evidence-based-practice (EBP) versus Practice-based-evidence debate, as well as the arguments about RCTs and whether they should be considered (as currently) the best form of evidence for therapy effectiveness. The political, social and therapeutic importance of this debate was underlined, and it was stated that neither paradigm alone is sufficient to build a robust knowledge base for the counselling and psychotherapy profession. However, in responding to the problems with the dominant EBP approach (see Information box 18.1) which is driven by the output of professional researchers, this chapter wants to go further and argue for a better balance between both movements. More emphasis is needed on PBE, which is often created by teams of counsellors and psychotherapists working in practice, in order to integrate research with practice (Barkham, Hardy & Mellor-Clark, 2010).

[START BOX]
Information box 18.1: Responding to the problems with Evidence-based practice – by Professor Peter Stratton

I would argue that a much broader perspective on what constitutes 'good' research is possible than that which is currently dominant. Current 'official' recommendations have the disadvantage that they can give an impression that only one paradigm of research is worth

doing. And that paradigm, the randomised control trial, was developed for clearly diagnosed medical conditions for which there were two or more plausible treatments that could be administered in standard form. Not a situation that has much relevance for the everyday work of counsellors and psychotherapists (see discussion in Chapter 1).

Almost inevitably, a narrow definition of acceptable research has resulted in a narrow definition of forms of therapy that have so far been able to demonstrate their success within the 'gold standard'. At present, NICE guidance is overwhelmingly for varieties of cognitive-behavioural therapies. Sadly, it has been convenient for NICE guidance to be interpreted in rigid and restrictive ways, a process that is helped by only attending to the summary guidance that NICE provides. NICE itself says that it values a wide range of research approaches, stresses the importance of involving clients in the research and offers useful caveats about the limitations of evidence and the need for more research. Unfortunately this wider perspective does not survive into the summary recommendations and as NICE itself (NICE 2012) recognises, "many people read only the recommendations" (p.113). In addition, some statements by NICE are designed to prevent any provision that is not specifically recommended. For example, therapists should warn every patient if they are using an approach that is not supported by evidence, and, "If evidence of effectiveness is either lacking or too weak for reasonable conclusions to be reached, the Guideline Development Group may recommend that particular interventions are used within the NHS only in the context of research" (NICE 2012, 9.2, p 113). The current outcome of these pressures for simplicity and conformity is of a severe narrowing of the forms of research under consideration, and of the forms of therapy being made available in formats such as IAPT. It is as if the wish to find a universal answer to client needs, a 'one size fits all' provision, has in fact become 'size 8 works for more people than any other size, so that is all we stock, and if it doesn't fit you, that is too bad'.

What we can take from this rather gloomy analysis is that those who call the shots need to be given good reasons before they will think differently. But it is easy for the research-minded experts who pronounce on what therapy the population needs to disregard practitioners when counselling and psychotherapy have a reputation for ignoring research. Especially when that reputation is to some extent justified. We certainly need to make the case for the good research evidence that we already have, but it will not be enough for involvement with research to be left to a few research specialists. We need the great

majority of practitioners to become research-informed as argued by Karam and Sprenkle (2010), and to begin contributing to Practice-Base Evidence, starting with the readers of this handbook.
[END BOX]

We are making an argument for a better balance between EBP and PBE because research created by practitioners, ideally in collaboration with their clients, is in our view more likely to have value for improving practice and to be informative about the factors that influence whether therapy, as it is actually conducted in real world settings, will be effective. But the PBE argument is only as strong as the availability of research that is driven by practitioners. So our motivation is to do whatever we can to encourage our readers to extend their involvement in this type of research, and to value this research for its potential to directly feed into their practice.

Research is a many splendored thing

We have been discussing the ways in which the context shapes which research is recognised and valorised. But let us not be colonised by current constrained thinking; there is in fact a glorious diversity of forms of useful research, and of valuable and effective ways of researching therapy. You will remember the potential sources for inspiration for research ideas, and the guidance through the process of finding a research question, which were provided in Chapter 3. And at the end of this book you will hopefully also be aware of the great variety of choices that are available regarding design, method and sample for research projects, as presented in Chapter 7 and the chapters on the different methodologies and methods for doing research (Section 3). But just in case you are still struggling to think of a way to contribute to the body of useful and valuable research in the field, here we present a few more ideas.

We could for example start from the entirely legitimate wish to know whether the achievements of different forms of counselling and psychotherapy justify the cost, a wish that is most clearly expressed by the move to Payment by Results (see Chapter 10 and http://www.iapt.nhs.uk/pbr/). In the UK, both the Child and Adolescent Mental Health

Services (CAMHS) Outcomes Research Consortium (CORC) and the Children and Young Persons component of the Improving Access to Psychotherapy programme (CYP-IAPT) are committed to measuring the outcomes of therapy. In the USA a parallel development is of Value-Based Purchasing (Jordan, VanLare & Conway, 2012). That is fine until we start to say what results we are going to measure, where it begins getting much more complicated, as indicated in Table 18.1.

Table 18.1: Four researchable aspects of counselling and psychotherapy

	Examples of aspects that could be explored
Factors outside the therapy session	1. Sources of referral *2. How cases are allocated* 3. Service dropout rate 4. Aspects of organization's therapists (e.g. gender, ethnicity, experience) 5. Aspects of organization's clients (e.g. socio-economics, level of distress) 6. Therapist turn-over in terms of how long they stay in the service 7. Client reports on overall satisfaction with the service
Factors from inside the therapy session	1. Micro processes in therapy e.g. number and length of silences 2. Air time given to different types of theme or content 3. Use of particular techniques e.g. Socratic questioning or interpretation *4. How a specific manualised therapy is implemented* 5. How therapists 'do' a therapeutic approach 6. How therapies are integrated with other provision (e.g. mindfulness) 7. Indications of relationship/alliance with the therapist 8. Client reports on satisfaction with their therapy
The client	*1. Diagnoses of mental illness* 2. Membership of a broad diagnostic group such as anxiety and depression 3. Client specification of goal of therapy 4. Additional complication e.g. chronic physical condition 5. Life course events e.g. childhood maltreatment 6. Significant current relationships or lack thereof 7. Education, economic or social circumstances 8. Age, gender, ethnicity, sexuality, socio-economic status etc
Therapy outcome	*1. Outcome related to a particular condition such as depression or anxiety* 2. Outcome related to a general symptom measure 3. Changes in objective measures (weight, drug use) 4. Changes in overall psychological functioning 5. Changes in well-being

	6. Changes in relationships 7. Open-ended exploration of what client feels is/is not different following therapy

Figure 18.1 delineates four broad areas that could be relevant to researching the effects of counselling and psychotherapy. For each area there is a very incomplete list of aspects that could be explored – some of these are very specific (e.g. changes in weight over therapy) and some are more general (e.g. client experience of therapy). You could use this chart to plot a research study. As outlined in Chapter 1, a randomised control trial specifies how cases should be allocated (randomly, and not for example, by a case conference or multi-professional team meeting), and in RCTs the therapy for at least one group would typically be a well-defined form of therapy, normally as specified in a manual (e.g. CBT). Clients are selected into the RCT on the basis of having a clear diagnosis (e.g. a phobia) usually based on the DSM (Diagnostic and Statistical manual, currently version 5). The outcome measure would be a proven quantitative measure of improvement for that condition (e.g. the Agoraphobia - Mobility Inventory). This combination is highlighted on Table 18.1 (in italics), however endless alternative research designs can be mapped onto the chart.

[START BOX]

Activity 18.1

If you have an idea for a research project you would like to see happening, you could try the exercise of mapping it onto the chart. Another idea would be to generate a random 4 digit number, use it to select an item from the four columns of the chart, and play with designing useful research for that sequence. Or take items in any of the column that interest you and look at the connections that would suggest alternative research designs. For example, if you are interested in what difference the gender of the therapist might make, you are using a psychodynamic approach, and you are wondering about a difference in happiness and wellbeing, you could use the list of client aspects to think about what might be interesting to explore – e.g. does the gender of the therapist make more difference in psychodynamic therapy focussed on promoting client well-being, when the client has a history of child maltreatment?

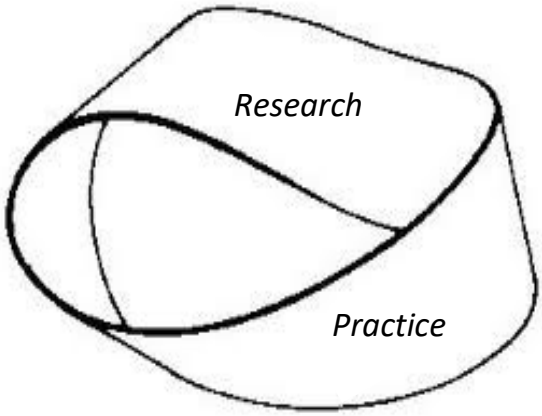
Comment

The intent of this activity is to push you to think about the endless opportunities and possibilities offered by research in counselling and psychotherapy. It can also be a source of inspiration when looking for a research question (see Activity 3.1 'Realms of inspiration' in Chapter 3) or a tool to examine broad research ideas and whittle them down to researchable questions (similar to the 'looking through lenses' technique introduced in Chapter 3).
[END BOX]

The research cycle

The thesis being argued in this chapter, and throughout the book, is that trainees and practitioners need to engage in research broadly (by reading it) and specifically (by doing it) because of the benefits this brings for individual clients and practitioners as well as for the practice of counselling and psychotherapy more broadly. This mutally beneficial relationship is depicted below in Figure 18.1, which shows a moibus strip, a 3-D shape that has a curious property. The image illustrates a desired interwoven and inseparable relationship between research and practice – feeding into each other in an endless loop.

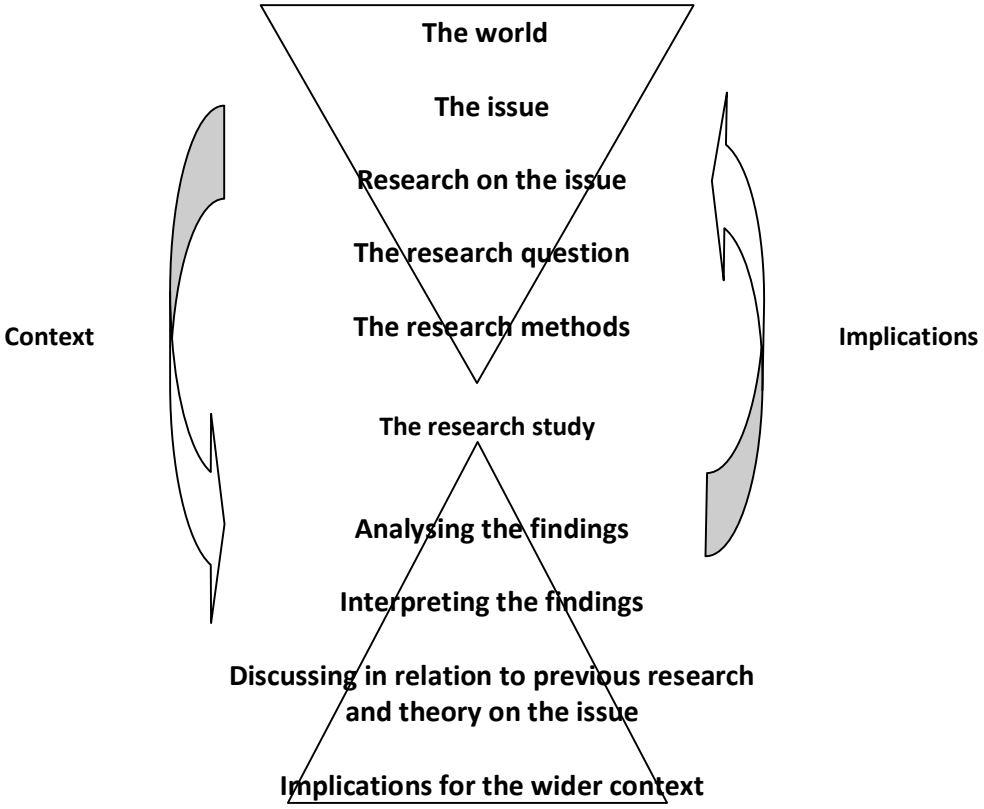
Figure 18.1: Desired relationship between research and practice



Another way of thinking of this loop is by thinking about the stages for any research project. We start our research journeys typically from a grand vision which must be progressively

focussed down on our objective; as you get into the research process attention becomes more and more narrowed while you work to implement the methodology. However, as you emerge from the data gathering and analysis stages, it is time to widen the vision once again to make the best possible use of what you have created, and to consider how to bring it back to the wider world, as discussed in Chapter 16 which examined the process of dissemination. This process is depicted in Figure 18.2 below.

Figure 18.2: The shape of a research project



The arrows are crucial. On the left is contextual influence – the way that your work at each successive level will have implications / provide constraints and affordances, for every lower level. Meanwhile the right hand arrow is for what is called the 'implicative influence' (Cronen & Pearce, 1982). Decisions and experiences at each level of the research journey will have implications that can change your understanding of earlier levels. This is a process of continual cyles; at every level, allow all of the higher levels to contextualise your decision but as you formulate that decision, check how its implications modify your perceptions of

the levels above. Then, as the implicative influence changes your relationship to the higher levels, there may be developments to your understanding of the contextual implications for the level you have reached. This sounds like going round in circles, and it is, but it is this incremental, recursive process that helps research understanding grow and, correspondingly, research identities of individual practitioner-researchers to bloom.

Developing your own research identity

This aim of this chapter, and implicitly the whole book, is to encourage you to be a researcher – not just for the sake of one special project or so that you can get your degree, but as part of your professional role. We hope however that by this point in the book you understand that being a researcher is something that comes pretty naturally to counsellors and psychotherapists, who are intrinsically motivated to understand their clients better and to want to work most effectively to help them. In addition to this natural curiosity, there is a strong correspondence between the skills of therapists and the skills of researchers, with many skills, values, and qualities of counsellors and psychotherapist transferable to the research arena (see Chapter 12; Finlay & Evans, 2009; Stratton & Hanks, 2008). Yet, just as each therapeutic relationship is unique, so too is it both desirable and necessary for each practitioner to formulate their own unique relationship with research.

If you are thinking about how to develop your own personal research identity, one place to start is to think about the way that you practise therapy and what approaches to doing research might or might not be compatible with that. For example, Chapter 6 reviewed different approaches to 'knowing' (epistemology) that have relevance for both therapy and research, and as chapter 12 outlined, where you stand epistemologically will in turn pre-dispose you to certain kinds of research methods. Of course, creating coherence between your approach to practice and your approach to research is not so easy, as documented in a paper by Peter Martin (Martin, 2005).

[START BOX]

Pause for reflection - Analogies between therapeutic and research relationships

Think about your approach to working with clients – what you prioritise and think is most important. How might this translate into how you might engage in research?

Comment

It can help to keep in mind what research has told us about what is most functional in the therapeutic relationship and then look for parallels with your relationship with research.

- There is a lot of empirical evidence that the therapeutic alliance is positively related to therapy outcome (e.g. Norcross, 2011). How would you say your current alliance with research is? Positive? If not, perhaps it is time to start challenging this.
- Therapy is not 'done to' a passive client, and conducting a successful therapy changes the therapist. Think about the extent to which your relationship with research is reciprocal. Do you gain from research as a practitioner and does counselling and psychotherapy research gain from you?
- Research suggests that therapy should attend closely to cultural issues to build effective therapeutic relationships (Smith, Domenech Rodriguez & Bernal, 2011), avoid discrimination and capitalise on the psychological support that each different culture offers (Johannes, & Erwin, 2004). Therapists therefore must cultivate a high level of respect for each culture they encounter while avoiding creating a distance by disparaging or exoticising it. If we think of research as a kind of culture, what does this mean? Are you respectful and tolerant of different types of research (culture)? Do you seek open communication across research culture barriers?
- As discussed in Chapter 1, one of the important factors that contributes to successful therapy outcome is a shared belief that the therapy will be effective (Snyder, Michael & Cheavens, 1999). Do you present yourself to your clients with a confidence that your work together will be effective? Could a greater knowledge of the research that supports aspects of your practice help with this confidence? Would the confidence have a stronger foundation if you drew on research findings wherever possible to improve your practice?

[END BOX]

Another way to develop your own research identity is to think about aspects in your practice or training that could benefit from research and research findings. You could start by going back to the therapy-research connections mentioned above and consider how your own approach to therapy plays out. For example, in what particular ways does your therapy help you cultivate an alliance with the client? How does your approach to practice make use of events in the clients' life? Then start thinking of research that you know about, that would give you greater insight into these processes, or ways of enhancing them. Chances are that research already exists for some of these topics. How might you go about finding out about more about this research?

[START BOX]

Activity 18.2: Research in everyday life

This is an invitation to actively notice, over the next 24 hours, how much of your life is in practice impacted by research. Your choice of car, toothbrush, diet, is a product of your use of other people's research. Notice how many news and current affairs stories, web pages, newspapers, magazines, and blogs, derive their content and their energy from research.

Comment

We want to suggest that an engagement with research in every aspect of your life can feed into your stance towards research in psychotherapy and counselling. Or more bluntly, why do you think it is that many therapists value research in so many aspects of their lives yet do not value it in their work?

[END BOX]

Finally, in developing your own relationship with research it will be helpful to share your thoughts and experiences with other practitioners or trainees. Therapy with couples, groups and families (especially therapy with several families at the same time – Multifamily therapy, Asen, 1982) suggests that involving others with whom you have a relationship is highly effective in achieving active and lasting engagement, and can be more fun. Research into reflective adult learning (see Stratton, 2005) also stresses the importance of processing knowledge in conjunction with fellow learners. So – in line with suggestions in Chapter 4 and

by the trainees in Chapter 17 - we will be suggesting that you engage with this chapter wherever you can with a friendly colleague. If you do so, there is the added bonus that you will be doing them a favour by helping them learn too. You could have a conversation in which you both revisit the ideas you had when reading the first two chapters and thinking about reasons to be more engaged with research. What if anything has changed so far as a result of reading this book? Or you could discuss situations where you noticed in your practice or training that a research finding or idea was, or could have been, helpful.

[START BOX]

Pause for reflection – Personal research objectives

As a reader of this book, you want to engage with research. But what does that mean, specifically, for you? If you are going to increase your involvement with research it is a good idea to be clear about what you hope to achieve. So take a minute and think about what your research objectives are for right now? What about in a year?

Comment

Your objectives might be quite pragmatic, like completing a piece of course work. Or they might be aspirational, like making a difference to your client group. You could go back to Chapter 3 and checkout the ideas and techniques about formulating a research question and use this to help you create your personal objectives in relation to research.

[END BOX]

Making research part of your (professional) life

By this stage we hope you are well equipped to engage with research in the way that is most relevant for you. So let's take a bit of time to work on what that is. At the beginning of the book we provided you with ideas and examples of how research can be used to inform and enhance training and practice in counselling and psychotherapy (Chapter 2, 'Engagement in Research Self-Rating Scale', McLeod, 2012). Here is an additional set of suggestions to help you become excited about the prospect of becoming (more) involved with research. You may well already be some way down the list but hopefully there is something to take everybody to the next stage.

- Find an instrument to record the progress of your clients and use it to audit your practice (see Chapter 10 for more on how to select an instrument). Explore using the instrument clinically because there is a strong case for clinical or therapeutic uses of outcome measures (Finn, 2009; Poston & Hanson, 2010). Also experiment with using the information to help you track if the therapy is drifting off course since we have seen in Chapter one that there is evidence that counsellors and psychotherapists are often not able to predict the outcomes of therapy (see Chapter 1 and Lambert, 2010). You could use simple statistical methods (see chapters 10 and 11) to explore how your clients (as a group) seem to responding to counselling or therapy with you. You could also compare your data with those of colleagues and published sources (benchmarking, see Chapter 10).
- Transcribe one of your client sessions. It is amazing how much more you can see in a transcript of a session that you fail to notice at the time or while listening to or viewing a recording. And this is before you unleash the power of highly developed techniques like thematic analysis (see Chapter 13). You could also use session transcripts to begin to build the evidence for a pragmatic case study analysis (see Chapter 15).
- Discuss with colleagues whether it might be useful to research your own practice or training context. Explore possibilities of doing this with a multidisciplinary staff group. This could include coherently gathering user perceptions of the service; you could also recruit service users to help you plan and design the research.
- Join or create a practitioner research network (PRN). UKCP has been putting significant resources into setting up PRNs so please check the website for current information and to get ideas of what you might want to set up. http://www.psychotherapy.org.uk/research_faculty.html
- Join an existing group of researchers – contact a local university or use the literature to identify interesting projects, then make contact with the researchers and offer to become involved. This does not have to be local, one of Peter's groups includes colleagues in Tasmania.

[START BOX]

Activity 18.3

We have below listed different levels of involvement in research in counselling and psychotherapy. For each of these consider the potential benefits for:

1) your career;
2) your practice (including critically benefit for your clients); and
3) for the broader counselling and psychotherapy profession.

As a second step, write down your own aspirations for each level of engagement. What might be a goal for you in each area?

- Hearing about research in websites and social media
- Attending conferences and more generally talking with colleagues about research
- Reading about research in the broader therapy literature
- Reading research articles
- Using existing measures to audit your own therapy
- Offering your therapy material to a research project
- Joining or starting a practitioner research network
- Joining a research project
- Undertaking your own research project
- Utilising your expertise as a trainer

[END BOX]

The fact is that research can easily be seen as a luxury or worse, a slightly threatening luxury, and so is easily pushed out by other pressures. We therefore want to invite you to make a concrete and realistic plan for how you will ensure that your work, and your life, gets the continuing benefit that involvement with research can confer. Concretely, what would you have to do less of if you were to devote one hour each week to research? Would what you give up be as valuable to your work, and as much fun, as the research hour? Of course not, so which hour is it going to be? Perhaps you could make a concrete plan of the

space you will create each week to find out about research that could be useful for your practice, and opportunities to pursue your own research interests. This plan is an aspiration so write it down and keep it visible. Put entries in your diary, reminders on your IT system, tell any colleague you have been working through this book with and ask them to remind you at intervals of your research ambitions.

Issues for training courses

We have been focussed so far in this Handbook on trainees and practitioners, however it would be remiss of us not to also address trainers. Training courses are a context in which research should play a major role. But our experience as trainers is that coverage, and even encouragement of research, is extremely varied across training programmes. Weissman and Sanderson (2002) talk of a relative failure to incorporate research into training – either as a basis for what is taught, or as an inspiration that will carry past the end of the course so that practitioners will be committed to research.

As discussed in Chapter 1, the professional bodies that accredit counselling and psychotherapy training have responded to this issue by requiring trainees to engage in research and courses to be research informed. Despite this there is still patchy engagement with this agenda, in part because many courses do not have any staff who are themselves research-informed. However there are ways to foster research awareness and research engagement in training settings and here we make some recommendations, in addition to those already made in Chapter 2 (Table 2.1).

[START BOX]

Pause for reflection

As you read the recommendations for training, think about your own training. Where it does not / has not met these recommendations? Are there things you could do to make up the lack?

[END BOX]

1. The starting point must be that the research background of each aspect of training should be an intrinsic part of that training. For example, trainees should be required to undertake a search for relevant and useful research findings as they take on clients for supervised practice – e.g. examining the research on working effectively with depression with a person-centred approach if that is what they are about to be doing. Trainers also should routinely incorporate research critiques into the teaching of theory, examining the research evidence for the approaches that they are teaching. Overall, the key focus should be a routine use of research findings so that the ethos becomes built into the thinking of students. Creating this type of research climate in a training institute can be aided by creating research discussion groups as part of training, and setting up staff-student research groups and in-house research conferences.

2. Training courses should include enough research training so that graduates can engage in discussions with managers, other professionals, clients and with each other without embarrassment. Making trainees conduct an independent original research project is one option for doing this but another option for a course is to provide for all students opportunities for active participation in live research project(s) during training, so that the experience is of group research engagement.

3. All trainees should be required to routinely monitor their outcomes. Live supervision does not eliminate the need for this. As discussed in chapter 1, there is considerable evidence that practitioners are not reliable judges of their own effectiveness ('self-assessment bias'; Walfish, McAlister, O'Donnell & Lambert, 2012) and supervision does not compensate for this. Monitoring outcomes is not in itself research but springs naturally from an approach to training that takes research seriously. The measures chosen are less important than the message that using well researched instruments to gather clients' considered judgement of the effectiveness of therapy is good professional practice. There is a further advantage for training courses in that data on therapist effectiveness can be part of the evaluation of whether a trainee should be passed as qualified to practice independently. Only a part because there are many complex considerations to include in this judgement. But deciding if a trainee is 'competent' as a counsellor or psychotherapist is one of the most difficult calls that a

course has to make, so this extra information should outweigh the threat to the self-esteem of the supervisors or the trainees themselves.

4. Where it is possible for trainees to complete an independent research project, courses should build in an expectation of publication of what the research has created. Some courses require the reports to be presented in the form of a journal article. They will not be directly publishable in this form but they will be on the way to being more realistically written up. Doing them in this way also gives trainees an understanding of the how and why of writing for journals and so will help them make best use of the literature that they read.

5. It should not be acceptable to provide training only in quantitative or only in qualitative research methods. Each has such a major contribution to make that neither can be neglected. Courses must also help students past the idea that they cannot cope with arithmetic and therefore that qualitative research will be easier. Qualitative research if done rigorously enough to be useful is tough work and often harder to get through ethics committees who may be less familiar with this approach to research.

Conclusion – the end of the journey is the beginning of a new one

Hopefully this final chapter has both drawn together themes and ideas from the rest of the book as well as motivated you to build on what you have read here by getting engaged with research and developing your own research identity. Research plays a key role for theory and practice in counselling and psychotherapy, and the profession needs practice-based researchers like you.

Throughout this book we have used the metaphor of a 'journey' for the research process and its different stages as this reflects our understanding of research as a process and a reflexive and recursive activity full of opportunities for both personal and professional development. From this perspective, the journey never ends, as the findings and implications of one research process already contain questions and ideas for the start of the

next research cycle, and so on. In the same way, we hope that the end of this book is the beginning of an exciting new journey into the world of research for you...

Insert drawing 18 here